PHOTO/VIDEO RELEASE FORM

I hereby give permission for the name, likeness and biographical material of the minor child listed below to be used solely for the purposes of Florida Atlantic University-related promotional material and publications and waive any rights of compensation or ownership thereto.

__ Student __ Faculty __ Staff __ Other

Name of Minor (please print): ______________________________________________________

Address: _________________________________________________________________________

City: __________________________ State:___________ ZIP: __________

Name of Parent/Guardian: __________________________________________________________

Parent/Guardian Signature: __________________________________ Date: _____________

Phone number: __________________________ Email: ________________________________

OFFICE USE ONLY:

M  F  •  W  B  H  A  O__________  HR________  TOP: _____________  BOT: _____________